

DEBT SERVICE COVERAGE REPORT

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 - Fax (517) 241-2962

| | |
|--|---|
| AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is Voluntary , but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued. | The Department of Health & Human Services is an equal opportunity employer, services and programs provider. |
|--|---|

| |
|----------------|
| Applicant Name |
|----------------|

NOTE: Use Whole Dollar Figures

| Cash Flow to Cover Debt Service | HISTORICAL | | PROJECTIONS | | |
|--|------------|------|-------------|------|------|
| | Year | Year | Year | Year | Year |
| 1. Net Income (Loss) | | | | | |
| 2. Plus: Depreciation | | | | | |
| 3. Amortization | | | | | |
| 4. Interest | | | | | |
| 5. Net Operating Cash Flow | | | | | |
| Debt Service: | | | | | |
| 6. Principal | | | | | |
| 7. Interest | | | | | |
| 8. Total Debt Service | | | | | |
| 9. Debt Service Coverage * (Line 5 divided by Line 8) | | | | | |

* Dividing Net Operating Cash Flow available for debt service by Total Debt Service will yield debt service coverage.